| ORDER FOR SUPPLIES OR SERV  |  |             |                       |                           |                                      |  | VICES                       |       |                     |         |                 |                           | PAGE       |                                 | PAGES                |
|---|--|-------------|-----------------------|---------------------------|--------------------------------------|--|-----------------------------|-------|---------------------|---------|-----------------|---------------------------|------------|---------------------------------|----------------------|
| IMPORTANT: Mark all packages and papers with contract and/or order no |  |             |                       |                           | numbers                              |  |                             |       |                     |         |                 |                           |            | 4                               |                      |
| 1. DATE OF ORD  |  | CONTRACT    | CONTRACT NO. (If any) |                           |                                      | 6. SHIP TO:  |                             |       |                     |         |                 |                           |            |                                 |                      |
|   | 04/27/2004   |             |                       |                           | a. NAME OF CONSIGNEE                 |  |                             |       |                     |         |                 |                           |            |                                 |                      |
|   | ORDER NO. 4. REQUISITION/REFERENCE NO. PR300040077 |             |                       |                           |                                      | No Shipping Information b. STREET ADDRESS          |                             |       |                     |         |                 |                           |            |                                 |                      |
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| DOT/Maritime A  | Administration, MAR-3<br>reet, SW., Room 7310      | 80          |                       |                           |                                      |  |                             |       |                     |         |                 |                           | d. STATE   | 0 711                           | P CODE               |
|   |  |             |                       |                           | c. CITY                              |  |                             |       |                     |         |                 | u. STATE                  | G. ZII     | CODE                            |                      |
| Washington  |  |             |                       |                           |                                      |  |                             |       |                     |         |                 |                           |            |                                 |                      |
|   | 7. TO:   |             |                       |                           | f. SHI                               | PV   | IA                          |       |                     |         |                 |                           |            |                                 |                      |
| a. NAME OF CONTRACTOR   |  |             |                       |                           | 8. TYPE OF ORDER                     |  |                             |       |                     |         |                 |                           |            |                                 |                      |
| b. COMPANY NA   | ME   |             |                       |                           | □ a                                  | PU   | RCHASE                      |       | C                   | ). ITFE |                 |                           | _K         |                                 |                      |
| Loews L'Ent   | fant Plaza Hotel                                   |             |                       |                           |                                      |  |                             | ٠.    |                     |         |                 | Ш                         | b. DELIVER | Y - Exce                        | ept for billing      |
| c. STREET ADDRESS<br>480 L'Enfant Plaza,SW                            |  |             |                       |                           | KEFE                                 | REFERENCE YOUR. inst                               |                             |       |                     |         |                 | instructions delivery ord | er is sub  |                                 |                      |
|   |  |             |                       |                           |                                      | Please furnish the following on the terms and only |                             |       |                     |         |                 | only of this              | form and   | is issued                       |                      |
| d. CITY  Washington  e. STATE  DC                                     |  |             |                       | f. ZIP CODE <b>20024</b>  | on the                               |  |                             |       |                     |         |                 |                           |            | and conditions<br>red contract. |                      |
|   | AND APPROPRIATION                                  |             |                       |                           | 10. REQUISITIONING OFFICE            |  |                             |       |                     |         |                 |                           |            |                                 |                      |
| D14750 - 1 - 04   | - 010 -   - 136000 - GAL0                          | 83 2596 -   |                       |                           | DOT/Maritime Administration, MAR-360 |  |                             |       |                     |         |                 |                           |            |                                 |                      |
| 11. BUSINESS C  | LASSIFICATION (                                    | Check appro | pria:                 | te box(es))<br>THAN SMALL |                                      |  | c. DISADV                   | /AN   | ITAGED              |         | ſ               | d                         | I. WOMEN-0 | OWNED                           |                      |
| 12. F.O.B. POINT  | -  |             |                       | 14. GOVERNMENT            | B/L NO                               | _  | 15. DELI\                   | VΕ    | /ER TO F.O.B. POINT |         |                 | 16. DISCOUNT TERMS        |            |                                 |                      |
| Destination   |  |             |                       |                           |                                      | ON O   |                             |       | R BEFORE (Date)     |         |                 | 10 days %                 |            |                                 | %                    |
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|   | T  |             | 17.                   | SCHEDULE (See re          | verse for                            |  | <i>jections)</i><br>QUANTIT | Υ     | 1                   | 1 1     | NIT             |                           |            |                                 | QUANTITY             |
| ITEM NO. SUPPLIES O   |  |             | OR S<br>(b)           | SERVICES                  |                                      | ORDEREI<br>(c)                                     |                             |       | D UNIT PF           |         | RICE<br>(e)     | CE AMO                    |            |                                 | ACCEPTED<br>(g)      |
| SEE LINE ITEM DETAIL  |  |             |                       |                           |                                      |  |                             |       |                     |         |                 |                           |            |                                 |                      |
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|   | 18. SHIPPING POINT 19. GROSS SHIPPING WI           |             |                       |                           |                                      | EIGHT 20. INVOICE NO.                              |                             |       |                     |         |                 |                           |            |                                 |                      |
| SEE BILLING<br>INSTRUCTIONS<br>ON<br>REVERSE                          | 21. MAIL INVOICE TO: John G                        |             |                       |                           |                                      | . Hoban  |                             |       |                     |         |                 |                           |            |                                 | 17(h) TOT.<br>(Cont. |
|   | a. NAME DOT/Maritime Administration, MAR-330       |             |                       |                           |                                      |  |                             |       |                     |         |                 |                           |            |                                 | pages)               |
|   | b. STREET ADDRESS (or P.O. Box)                    |             |                       |                           |                                      |  |                             |       |                     |         |                 |                           |            |                                 | 470                  |
|   | 400 Seventh Street, SW., Room 7325                 |             |                       |                           |                                      | d STATE   TID CODE                                 |                             |       |                     |         | \$2,977.00      |                           |            | 17(i)<br>GRAND<br>TOTAL         |                      |
|   | c. CITY  |             |                       |                           |                                      | d. STATE e. ZIP CODE                               |                             |       |                     |         |                 |                           |            |                                 |                      |
| Washington  |  |             |                       |                           |                                      | DC   | •                           | 20590 |                     |         |                 |                           |            |                                 |                      |
| 22. UNITED STATES OF AMERICA BY (Signature)                           |  |             |                       |                           |                                      | 23. NAME (Typed)  Delores Bryant                   |                             |       |                     |         |                 |                           |            |                                 |                      |
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## ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO. 3 of 4

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 04/27/2004 DTMA1V04080 **QUANTITY** UNIT QUANTITY **AMOUNT** ITEM NO. SUPPLIES OR SERVICES ORDERED UNIT **PRICE ACCEPTED** (f) (a) (e) (g) Hotel Rooms 1.00 2,977.000 2,977.00 0001 Hotel Rooms at Loews L'Enfant Plaza Hotel for Award Recepients and Participants in the 39th Annual Awards Ceremony. Start Date End Date 05/18/2004 05/19/2004 Reference Requisition: PR300040077 TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) \$2,977.00

| Contract Level         |  |
|------------------------|--|
| <b>Funding Summary</b> |  |

Document Number
DTMA1V04080

**Title**Room Rental Loews L'Enfant Plaza

Page 4 of 4

- - D14750 - 1 - 04 - 010 - - 136000 - GAL083 - - 2596 - - - - - -

\$2,977.00

Reference Requisition: PR300040077

Total Funding: \$2,977.00